

The following person has previously received **federally** funded TANF cash assistance from the state of Kansas.  
TANF is the name of the federal welfare reform program.

Date of Request:
Name:
SSN or Immigration ID #:
Birth date or other identifying information:

The months circled below are the month(s)/year(s) the person received **federally** funded TANF cash assistance from the state of Kansas (KS):

1996										Oct	Nov	Dec
1997	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1998	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1999	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2000	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2001	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2002	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2003	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2004	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2005	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2006	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2007	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2008	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2009	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2010	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2011	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2012	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2013	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2014	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2015	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2016	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Name of person verifying information: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_